(For DHRD Use Only)

DHRD Extension Request No. Click here to enter.

**DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT**

**SHORT FORM REQUEST for EXTENSION of EXEMPTION of CONTRACTUAL SERVICES (RECS)**

(for BU1 and/or BU10-type work)

**RENEWAL CERTIFICATION STATEMENT**

Please submit this form electronically to DHRD at [dhrd.eccd.recs@hawaii.gov](mailto:dhrd.eccd.recs@hawaii.gov) at least 30 days prior to the procurement of the service.

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| **PART I** |
| ***Please complete:*** | |
| Department Control No: Click here to enter | |
| Department: Click here to enter. Division: Click here to enter. Island: Click here to enter.  Name & Phone No. of Contact Person: Click here to enter. | |
| DHRD Request No (Initial RECS No.): Click here to enter | |
| Current Contract End Date: Click here to enter a date. | |
| Date of Renewal/Extension Period of Service: From Click here to enter a date. To Click here to enter a date. | |

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| **PART II** |
| ***If applicable, please check one of the following:*** | |
| Contract is authorized pursuant to statute other than §76-16(b)  Premises are leased  Contract is pursuant to (select one):  §76-16(b)(13)(A);  §76-16(b)(13)(B);  §76-16(b)(13)(C);  §76-16(b)(23) | |
| **If any one of the above boxes is checked, go to Part V.** | |

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| **PART III** |
| Was the approved initial RECS issued a Quarterly Log by DHRD?  Yes  No | |

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| **PART IV** |
| ***Please check all that applies:*** | |
| I certify that the circumstances for this request for an extension of exemption of contractual services are identical as those reported on the initial Request for Exemption of Contractual Services form (HRD282) and attachments.  I certify that this renewal is in accordance with the Department Director’s priorities.  I certify that this fiscal year, we have taken the following action(s) to have these services performed by civil service employees:  Submitted a request for positions for the DHRD bill to the legislature  Requested for new positions in our budget  Other (e.g., attempted to fill vacancies) Click here to explain. | |

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| **PART V** |
| ***THIS SECTION TO BE COMPLETED BY DEPARTMENTAL PERSONNEL OFFICE*** | |
| **RECOMMEND APPROVAL:**  HRO Signature: Click here to enter electronic signature. Date: Click here to enter date.  Remarks: Click here to explain. | |

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| **PART VI** |
| ***THIS SECTION TO BE COMPLETED BY DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT*** | |
| **APPROVED**  **DISAPPROVED – See Remarks Below for Reason**  **CONDITIONAL APPROVAL –** Departments must continue to seek additional resources (e.g., work w/other departments or the legislature) so that the contracted work can be performed by civil service employees.  For DHRD Director: Click here to enter electronic signature. Date: Click here to enter date.  Remarks: Click here to enter text. | |

**NOTE: If this extension is approved, a HRD282V, Departmental Notification of Vendor Selected, form must be submitted to DHRD for the extension period.**